Yet training for nursing assistants rarely prepares them for the psychological challenges they will face.

As Hoffman (1995) points out, "nursing assistants, who often are referred to as 'unskilled staff,' are put in situations that require unusually sophisticated interpersonal and communication skills. They are called upon to manage conflict, set limits, make ethical decisions, grieve and help others to grieve, and support other members of the caregiving team. There is little in their training that addresses such complex psychosocial problems."[142]

7.12.6 Communicating with Residents and Families

For most nursing assistants, relationships with residents and their family members are their greatest source of job satisfaction. But those same relationships are also one of the greatest sources of frustration for most nursing assistants. "Frontline workers must deal with difficult or abusive residents or unhappy families at the same time they respectfully change a resident's clothes or give a bath," notes one report. "More emphasis on handling the interpersonal aspects of care could help employees maximize what they view as the best part of their job — relationships with residents and clients."[143]

As Karl Pillemer has documented, lack of preparation can lead to resident abuse. "Work in a nursing home requires interpersonal skills and understanding of psychosocial issues, but staff often do not have the skills to handle the interpersonal aspects of care," he wrote in a book on how to reduce abusive incidents. "To give an example, a nursing assistant may know all of the technical procedures for giving a resident a bath. But what does she do when the resident cries in fear of the shower, or begs to be left in bed, or cries out for her long-dead mother, or strikes out at the nursing assistant while being washed? It is in these kinds of situations where the risk of inappropriate actions and abuse goes up."[144]

Such situations are common. "Our studies revealed surprisingly high levels of staff-resident conflict," noted Pillemer in the same book. "For example, the majority of staff reported that they had conflicts at least several times a week over residents' unwillingness to eat, residents' personal hygiene, unwillingness to dress, toileting, and other issues. Many staff reported such conflicts every day. It is fair to say that few other occupations involve such a high degree of interpersonal conflict." Yet classes rarely cover ways of handling such delicate situations. "In most facilities, no such training is ever provided, and how to deal with conflict is not even discussed," Pillemer noted.

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[142] Hoffman, Richard. (November 1995) Training nursing assistants translates into better care. *Brown University Long-Term Care Quality Letter*, 7(21): 6.

[143] Straker and Atchley 1999.

[144] Pillemer Karl, Menio Diane A. and Keller Beth Hudson. Abuse-proofing your facility: A practical guide for preventing abuse in long-term care facilities (2001). Frontline Publishing (Somerville, MA).

Part of the problem is that many residents can't communicate through the usual channels. Nursing assistants must learn "how to listen to nonverbal communications, how to talk with the person with hearing deficits, sight deficits, memory deficits, problems of orientation, etc.," points out Genevieve Gipson.[145]

Nursing assistants also feel the need to communicate better with residents' families. In a roundtable discussion in South Carolina, one participant "told of how a training video on how families deal with grief helped her to better understand the differences between family members of nursing home residents, and increased her tolerance."[146] And nursing assistants canvassed by Anna Ortigara and her colleagues when they were developing a career ladder program (see section 7.15 for details), talked "a lot about needing better communications skills—with each other, with supervisors and with residents' families," says Ortigara.

7.12.7 Communicating with Supervisors

As discussed in Section 7.9.2, differences in ethnicity, class, cultural values and professional status often prevent nursing assistants and supervisors from communicating effectively. Nurse supervisors need to improve their management skills, but nursing assistants would also benefit from learning more effective ways of communicating.

While conducting focus groups with nursing assistants, Anna Ortigara and her colleagues had an unusual reaction to the usual complaints that they heard about nurses. In order to be taken seriously as members of the clinical team, the researchers decided, nursing assistants must learn how to talk to licensed nurses in their own language. As a result, they added a module to the career ladder classes they were developing (see Section 7.16 for details), covering common changes in residents' conditions and the clinical terms nurses and physicians use to describe them.

The nursing assistants attending the pilot program reacted enthusiastically to that module, said Ortigara, because the knowledge they gained allowed them to communicate more effectively with their nurse supervisors. "Language separates people," noted Ortigara. "When someone is using terms and someone else doesn't know them, the person who doesn't know them becomes the 'them.'"[147]

7.12.8 Managing Stress

Both on the job and in their personal lives, most nursing assistants contend with a great deal of stress. In one study, nursing assistants listed several non-job-related stressors, including financial

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[145] Personal communication.

[146] Painter, William and Kennedy, Beth (Autumn 1999). The evolving role of certified nursing assistants in long term care facilities. Part One: Highlights of nursing home CNA roundtables on career issues for frontline staff. *The Director* 7(4): 142, 146-147.

[147] Personal communication.

worries (54 percent said they "worry about all the money I owe" and 49.6 percent "do not have enough money to cover medical and dental care"), family worries (35.7 percent agreed with the statement "I worry about my family when I'm at work"), and personal health and well-being (22.8 percent agreed that their physical health had declined since they began working as a nursing assistant). [148]

Job-related sources of stress included scheduling problems (68.9 percent had been asked to come in early or stay late, and 52.4 percent to come in on a day off), not having been prepared for the reality of the job in initial training (57.6 percent), and problems with a supervisor (49.3 percent agreed with the statement "My supervisor acts better than me," 41.4 percent with "My supervisor talks down to me," and 31.8 percent with "My supervisor ignores my input in developing resident care plans.")

Emotional attachments formed with residents can also cause stress. Nursing assistants often worry about residents who are declining physically or mentally, or who they feel are not receiving proper care. The deaths that are so much a part of life in long-term care also take a heavy toll. In focus groups with 22 nurses in Ohio, one respondent noted that "training needs to prepare nurse assistants to handle the emotional aspects of death." [149] In a support group demonstration project, participating CNAs mentioned several factors that contributed to their stress, including the deaths of favorite residents. In the midst of their grief, they noted, they have the added stress of adjusting to a new resident in the bed of the resident who had just died. [150]

7.12.9 Managing a Difficult Workload

As outlined above, nursing assistants navigate a heavy schedule of daily duties while responding to a barrage of requests and demands, many of them urgent. Prioritizing tasks is, therefore, a crucial skill.

Nursing assistants are rarely taught how to do this. Yet requiring newly hired nursing assistants to develop time management skills on their own or to flounder without them contributes to the high turnover rate among CNAs—and to inadequate care (see Section 7.5.2).

The experiences of providers like those in the Cooperative Healthcare Network indicate that peer mentoring, an effective orientation program, and a coaching method of supervision can help new CNAs learn how to manage and prioritize workloads (see Section 7.16 for details).

[148] Noelker, Linda S. What can be done to improve the nursing assistant's job? Section 3: Working conditions, job redesign, and career ladders for paraprofessionals. Benjamin Rose Institute (Cleveland, Ohio).

[149] Gipson, Genevieve, Albanese, Teresa, Blackmon, Dorothy, Garland, T. Neal, Schirm, Victoria, and Falter, Julie. (September 1997) An empirical comparison of definitions of quality care held by licensed nurses and nursing assistants employed in long-term care in Ohio: Final report.

[150] Wilner and Shenkman (1993).

Bowers and Becker (1992) studied three facilities with above-average turnover rates, comparing nursing assistants who stayed past the first few weeks on the job with those who left. Workloads in all three facilities were so heavy, they noted, that "[c]utting corners was necessary to survive as a nurse's aide, it seemed."[151]

Those who stayed, the researchers found, found ways to juggle countless competing demands. That often meant instituting taking shortcuts that "could be done extensively without being discovered." It also meant instituting relatively rigid routines. Those who left were either unable or unwilling to fall into such a routine. Instead, they "tended to respond to each summons [from a resident] as it arose."

Both methods ultimately proved unresponsive to residents' individual needs. Residents abandoned by nursing assistants who tried to respond to requests as they arose "could often be found half bathed, half fed, or sitting on a toilet waiting to be taken back to bed," while residents cared for by nursing assistants with better time management skills "were effectively prevented from altering their usual schedule."

Bowers and Becker noted that nursing assistants "may simply be caught in an impossible situation." However, they concluded, "The findings from this study indicate that nurse's aide orientation programs could be more effective if they incorporated open discussion of how to organize the work."

7.12.10 Clinical Skills and the Nursing Process

Personal care and clinical skills such as taking blood pressure readings and giving baths are the core of a nursing assistant's education. Even so, some crucial areas tend to be overlooked.

Nursing assistants often express a desire to learn more about how to work with people who have dementia or other types of disabilities. Participants in the Iowa Caregivers' Association's focus group, for instance, cited a need for more education about Alzheimer's, "resident behaviors, especially those due to dementia," diabetic care, and "mental health and the elderly." One respondent noted: "I don't think people understand the different types of dementia. They need to be explained better so people are better prepared for what they're going to deal with. You get a new CNA that's never worked in a nursing home and they're going to get bit the first night or hit or kicked or sworn at, and they don't know how to react. It can end up in a bad situation."[152]

Nursing assistant educators also see gaps in teaching. Barbara Acello thinks CPR should be part of all certification classes, along with material on how to recognize and treat pain. She'd like to see in-services cover "a great deal more about disease processes and observations, particularly

[151] Bowers and Becker 1992.

[152] Hill Simonton Bell 1999.

those suggesting the client is acutely ill" and "a great deal more about [pressure ulcers] and contractures."[153]

But clinical information alone is not enough. Nursing assistants are generally taught how to perform certain tasks without being told how their work fits into the goals set by nurses, physical therapists, physicians and other clinicians. Other members of the "caregiving team" are quick to issue orders to nursing assistants, but generally slow to solicit their input into care planning or patient evaluations. As a result, these supposed teammates rarely share information freely, and may develop very different ideas about how a patient is doing or what kind of treatment he or she needs.

This can create conflict. It can also endanger patient care, allowing crucial information about residents' needs or changes in their conditions to fall through the cracks. Noting that nursing assistants were generally the first members of a nursing facility's staff to notice signs of acute illness in residents but that their observations often were not conveyed to nurses or other clinicians who could act on them effectively, Boockvar (2000) devised a measurement instrument to allow nursing assistants to enter their observations into the patient care record. In testing the instrument, he found that nursing assistants recorded signs of acute illnesses an average of five days before any such sign was recorded in the patient's chart. [154] The reason for the delay, Boockvar surmised, is that most nursing facilities provide no standardized route for that kind of information to travel along from CNAs to nurses or other clinicians. "[I]n most nursing homes nursing assistants communicate their observations to medical staff only informally," he noted.

7.12.11 Leadership Skills and Working with Peers

The teamwork that can help or hinder patient care is not limited to communication between nursing assistants and other caregivers. Nursing assistants can support or undermine each other in countless ways. They may try to help coworkers who need to do a two-person lift or remain perpetually unavailable, answer a call bell for a coworker engaged in a time-consuming task or attend only to their assigned residents, share ideas and offer emotional support with their coworkers or criticize and gossip about them. Cooperation is also needed between shifts, as people share information about how a resident is doing or coordinate such things as meals and baths.

When nursing assistants work well together, stress is reduced for nursing assistants and quality of life and of care are improved for residents, yet leadership and teamwork are almost never addressed in class.

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[153] Personal communication.

[154] Boockvar, Kenneth MD, MS, Brodin, H Daniel MD, Lachs, Mark MD MPH (September 2000). Nursing assistants detect behavior changes in nursing home residents that precede acute illness: Development and validation of an illness warning instrument. *Journal of the American Geriatrics Society*48(9): 1086-1091.

7.12.12 Cross-cultural Communication and Competence

Nursing assistants often work with peers or supervisors who come from very different cultural, ethnic, religious or class backgrounds. Wilner and Shenkman (1993), for instance, found that English was not the first spoken language of about one-third of the CNAs in their study of 32 nursing facilities in eastern Massachusetts. The nursing assistants came from Central and South America, Europe, Asia, and Africa. In some of the facilities, as many as six or seven different languages were spoken. Language differences existed not only among nursing assistants but also between CNAs and residents and between CNAs and supervisors.

The participants in that study had a biweekly support group in which to get to know one another, ask about each other's cultures, and gain respect and compassion for each other. Other such programs presumably exist, but this chapter's research team did not discover any. Differences can lead to trouble if they are not openly acknowledged and explored. Nursing assistants from countries where elderly people are highly respected and nearly always cared for at home by family members, for instance, may disapprove of American families who trust their loved ones to nursing homes.

Bonder, Martin and Miracle (2001) noted that it is not clear whether nursing assistants can be taught to be more open-minded, as "research findings are equivocal about whether educational programs can actually alter attitudes or, more important, behavior to any significant extent (Pruegger and Rogers, 1994)."[155] Yet, the authors contend, healthcare workers "must be culturally competent to respond adequately to the needs of each client." That means learning such things as how to interpret signals such as expressions of pain, which vary greatly across cultures, looking for clues in people's body language and tone of voice, and asking their clients to help them understand their value systems, desires, and needs.

7.12.13 Compassion

We are not used to teaching about "soft" matters such as caring in class, particularly in a clinical setting. Yet compassion is clearly one of the most important traits a nursing assistant can have (see Section 7.3.2). As a result, some think that empathy training should be part of the certification curriculum.

After conducting focus groups with licensed nurses and nursing assistants to discuss the factors that facilitate or interfere with the delivery of quality care, researchers Dorothy J. Blackmon and colleagues concluded: "it would seem reasonable to place strong emphasis on how to be a caring person in training programs for nurse assistants. This may be difficult to do effectively, as many of the respondents in this study felt being a caring person is a characteristic one is born with — a

[155] Bonder B, Martin L, and Miracle A (Spring 2001) Achieving cultural competence: The challenge for clients and healthcare workers in a multicultural society. *Generations* 25(1): 35-42.

'gift,' so to speak."[156] But the "gift" of caring for one's elders, the researchers believed, was developed through experiences such as "participating in church activities with elders and in their neighborhood communities, as well as by sharing living quarters and life experiences with older family members." As those experiences become less common, they may need to be replaced by formal training in sensitivity to the special needs of older people.

Dillon and Stines (1996) interviewed 130 LPN and nursing assistant students to ask whether they thought caring could be taught, and if so, how. The answer to the first question was affirmative. As to the second, the students agreed that a caring style of teaching and management can foster a caring attitude in a nurse or nursing assistant. "Both LPN and nurses' aide students saw an attitude of respect for the learner as a unique individual to be a critical prerequisite for an atmosphere of caring," the authors noted. "Faculty sharing and giving of self is exemplified by such issues as time, remembering the little things, and listening.... Listening attentively and non-judgmentally allows the student to speak freely and think creatively. Ultimately, it is hypothesized that the student who is educated in this humanistic environment has the potential to carry this attitude to his/her practice."[157]

7.13 Career Advancement Linked to Specialized and/or In-depth Knowledge

As Genevieve Gipson and others have pointed out, a great many nursing assistants see their work as a career (see Section 7.4.1). But to many, it is a dead-end job. Because the work done by nursing assistants is generally perceived as unskilled, it is rare for a nursing assistant's specialized knowledge or experience to be recognized by a significant increase in pay. On the contrary, as staffing shortages make it necessary for employers to offer more to attract frontline workers, some new hires are paid more than their veteran coworkers.[158] Even temporary workers, who bring with them no knowledge of a home's culture and philosophy, let alone of its individual residents, are usually paid far more than long-time stayers. Veterans are often asked to take on extra duties such as mentoring and orienting new staff, but given no extra pay or change in title.

In recent years there has been considerable talk among long term care professionals about how to counteract this demoralizing state of affairs and give dedicated nursing assistants a greater incentive to stay. Some nursing facilities offer tuition reimbursement and other incentives for nursing assistants who want to become licensed nurses. While such programs are commendable and may help facilities retain valued employees who want to try something new, they are of no

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[156] Blackmon D.J., Garland N, Oyabu-Mathis N and Gipson G (April 1994). Changes in knowledge of care techniques among nurse assistants in a training program: Achievements and failures. Paper presented at the Ohio Network of Educational Consultants in the Field of Aging, King's Island, Ohio.

[157] Dillon RS and Stines PW (March 1996). A phenomenological study of faculty-student caring interactions. Journal of Nursing Education 35(3) 113-118.

[158] Personal communications with members of the NursingAssistant@yahoogroups.com listserv.

help to the many people who prefer the hands-on care and contact with residents that they get as nursing assistants but want more responsibility, pay, or both in recognition of special knowledge or skills.

To give those people more incentive to stay on the job, and to make better use of their abilities and experience, a growing number of facilities are instituting career ladder programs for nursing assistants. These are sometimes called career paths or career lattices, to distinguish them from the type of career ladder that leads to becoming licensed as an LVN, LPN or RN.

7.13.1 How Career Ladders Work for Nursing Assistants

An article outlining a proposed Red Cross career ladder program summed up the philosophy behind it as follows: "Career ladders increase a CNA's self esteem on the job by rewarding them [sic] for work well done and providing opportunities to develop both technical and personal skill."[159]

A career ladder is any set of clearly defined steps that allow workers to qualify for more skilled work, usually through education or training. Raises in pay and/or specialized titles are usually associated with each rung of the ladder.

Career ladders for nursing assistants take many different forms, but they generally fall into one of two broad categories. Nursing assistants may advance by gaining specialized clinical skills, taking classes and passing a test to develop expertise in an area such as restorative care or geriatric care, or they may develop leadership skills, studying such things as adult learning style and effective communication skills and often gaining the title of preceptor or mentor.

Some career ladders include rungs for any nursing assistant who stays on the job for a year or two and performs satisfactory work. The model suggested by the Red Cross, for instance, starts with a CNA level 1, open to all new CNAs who pass the certification exam, complete the facility's orientation, are certified in CPR, and "prove skills validations by passing a skills exam or proving their skills ability during their orientation." Even level 2 requires only that a nursing assistant have at least two years' experience, including one year of continuous employment with the facility, "a good performance evaluation and work attendance," and "good attendance at in-service meetings."[160]

Other programs are designed to reward only more specialized skills and knowledge. For an example, see the descriptions of the LEAP program and Apple Health Care's career ladder in Section 7.16.

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[159] Simpson, A. (1998) American Red Cross chapter creates CNA development program. *Insight*, 7(2).

[160] Simpson, 1998.

7.13.2 Who has Access to Career Ladder Programs

As recently as a decade ago, career ladders for nursing assistants were virtually unheard of. When employees of the Masonic Geriatric Healthcare Center in Wallingford, Connecticut, decided to implement one in the late 1980s, they did a search for information on similar programs and found only two.[161]

The concept has become more widely accepted since then, but most facilities don't offer them yet. "When I go to facilities and do presentations and ask, most people don't have a career advancement program," says researcher Joanne Rader. She thinks that's a mistake she adds, "since many aides think it's a dead-end job." In Pennsylvania's recent report on frontline workers, only 0.5 percent of respondents said they had implemented a career ladder.[162]

7.14 Examples from the Field

7.14.1 Site Visits

Visits to nurse aide training programs in the Baltimore, Boston and Philadelphia areas were conducted to complement information obtained from the literature review and interviews with key industry contacts. A variety of training programs were sought out, including ones sponsored by the American Red Cross (ARC), community colleges, unions, hospitals, nursing facilities and private organizations. The Baltimore, Boston and Philadelphia areas were selected for ease of travel for the research team (based in Baltimore and Boston). At the training programs, administrators and instructors were interviewed as available, regarding the following: structure of the program; curriculum content; teaching methods; materials; costs; and instructor qualifications. Nurse aides in training were interviewed to gain information on educational background, previous work experience, reasons for enrollment and confidence in the program's ability to adequately prepare them for certification. Researchers observed classes in progress to better understand teaching methods, the student population and the learning environment.

Also as part of this task, directors of nursing and staff education coordinators from a sample of nursing facilities were interviewed to determine their experiences with training, hiring and orienting newly certified nursing assistants. Nursing assistants who had completed their training and certification testing within the past 12 months were sought out and interviewed for information on their preparation and initial work experience.

To accomplish the above tasks, two interview forms were devised. One contained questions to be used with training site staff and students and the other for use with directors of nursing and nursing assistants. The interview forms were shared with key industry contacts and revised based on their input (see Appendix E-1 for copies of the interviews).

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[161] Polio, J.D. (1997) Implementing a career ladder program for the geriatric nursing assistant. *Insight,* 6(3).

[162] Pennsylvania's Frontline Workers, February 2001.

7.14.2 Description of Programs Visited

Researchers identified nursing assistant training programs sponsored by the groups identified above and planned to visit ten different programs. Most training programs approached were willing to participate in the interviews, but scheduling during the summer months was difficult. Additional scheduling problems were encountered when nursing facilities were contacted for interviews. Another difficulty for nursing facilities was that their participation required the identification of nursing assistants who had been trained and certified during the previous twelve months, determining their work schedule and coordinating with the researcher's planned visit. Researchers visited nursing facilities on multiple days and times to interview the nursing assistants on their scheduled shift(s), so as to minimize any data collection burden. Researchers were unable to identify any nursing facilities that were currently providing training programs. Although some were certified by their state agencies as qualified to train nursing assistants, DONs explained that there was not a significant number of persons interested in training and that to run classes for a small number was not cost effective. Although a privately sponsored program was identified, researchers were unable to coordinate with the program administrator to schedule interviews.

The following types of nurse aide training sites were visited:

- American Red Cross training programs (2);
- Community college program;
- Hospital-sponsored program;
- Union-sponsored program; and
- Skilled nursing facilities (2).

Information from the various programs obtained through interviews is presented in Table 7.1, displayed by the following characteristics:

- Program description (types of certification offered);
- Course length in hours;
- Approximate cost;
- Class size and ratios of instructors to students;
- Pre-testing and prerequisites for enrollment;
- Materials utilized;
- Teaching methods;
- Lab Facilities;
- Instructor qualifications; and
- Support for transition to work.

The remainder of this section will contain an introductory section on the sample states' regulations on nurse aide training instructor qualifications, followed by a description of the training programs. These descriptions are based upon researcher classroom observations and

interviews with instructors and students. The final section contains summaries of interviews with nursing facility directors of nursing, education coordinators and newly certified nursing assistants.

State Regulations Regarding Instructor Qualifications

The federal requirements for instructor qualifications (described earlier in Section 7.8.6) state that nurse aide certification instructors shall have a minimum of two years experience. At least one year of experience must be in long-term care. The educational background required of instructors is only that they complete a course in teaching adults or have experience in teaching adults or supervising nursing assistants.

The Massachusetts and Maryland State regulations on instructor qualifications were reviewed and found to vary significantly. Maryland regulations state that each course instructor must be a registered nurse licensed to practice in Maryland, have a minimum of two years of nursing experience — at least one year of which was in caring for the elderly or chronically

Table 7.1
Nursing Assistant Training Program Characteristics

Type of Program	Curriculum	Required Hours	Approximate Cost	Prerequisites	Class Size	Methods	Methods	Lab Facilities	Instructor Qualifications	Transition Support
American Red Cross	Combined CNA and HHA Course	MA - Total 100 hours Clinical - 21 hours MD - Total 127 hours Clinical - 40 hours	$550 + $87 Testing Fee	Reading and writing tests, 8th grade level	Maximum class size is 24; Ratio of instructor to students in the clinical area is 1:6.	ARC Textbook and workbook	Lecture, video, flip charts, team activities, demonstration, return demonstration.	Combined classroom and lab	Lead instructors are all RNs. Clinical instructors RNs and LPNs. Long term care experience required. Only RNs and LPNs utilized as instructors.	Job opportunities posted on classroom bulletin boards
Hospital-Based	CNA	Total 80 hours Clinical - 21 hours	$425	No pre-testing. Program based on 9th grade reading level.	Class ranges in size from 6 - 20 students. Ratio of instructor to students in the clinical area is 1:6.	Textbook only	Lecture, video, demonstration, practice, reading assignments from textbook.	Combined classroom and lab	Program coordinator RN with BA degree in education and experience in long term care. Primary instructor LPN. Physical therapist teaches certain modules and assists in clinical area.	Job opportunities posted on classroom bulletin boards
Community College	GNA Geriatric Nurse Assistant	Total 200 hours Clinical - 75 hours	Tuition - $700, Fees $100 Books and supplies $200 Total $1000	High school graduate or GED and Basic Cardiac Life Support Certification	Same as MD state requirements	Textbook and workbook	Lecture	Combined classroom and lab	Same as MD state requirements	No information available
Union-Sponsored	CNA	Welfare-to- work - 480 hours Clinical-160 hours Other program Total 110 hours Clinical -40 hours	Welfare-to-work - No charge Other programs supplemented by union benefits programs for union members, also open to non-union members for reasonable tuition and fees	Welfare-to -work - pre-testing at the 6th grade level Other program pre-testing at the 8th grade level.	Maximum size 20 students	Textbook only	Lecture, video, demonstration, return demonstration, role playing	Separate classroom and lab	RN instructors with LPNs to assist in the lab and clinical areas. RNs must be certified to teach in the state, have at least 1 year experience in LTC and 5 years experience as an RN. LPNs must have 3 years experience as a nurse.	Students assisted with job placement and continuing support after employed. The programs are described as a "life long resource."

ill in the past five years, and complete a course with a minimum of 16 hours of instruction in the principles of adult education or have a minimum of two years of teaching experience.[163]

In contrast, Massachusetts requires that the instructor be a registered nurse with either one year's experience in teaching or the equivalent of 24 continuing education units in curriculum development, and familiarity with the use of teaching strategies for adult learners. No specific requirement regarding the extent of nursing experience is noted. If the instructor does not meet these qualifications, regulatory compliance may be achieved by having a written agreement between the instructor and a registered nurse consultant who meets the above qualifications. This consultant must consult with the instructor at set intervals during the course while the instructor attends the required continuing education programs. Both education and experience qualifications noted above may be waived by the state if the proposed instructor has "obtained sufficient experience in the care of long-term care residents and in teaching adults how to provide such health care to ensure that he or she may train nurses' aides to perform the objectives outlined in the minimum standard curriculum described."[164] No specific information as the definition of "sufficient experience" is offered.

Program Descriptions

American Red Cross programs in Boston and Baltimore combine nursing facility certified nursing assistant training with home health aide (HHA) training. In Boston, the total length of the program is 100 hours, with 21 hours designated for training in the clinical area. Nurse aide training takes place in ARC classrooms with clinical training at local nursing facilities. Baltimore programs are longer, requiring 127 hours for the combined CNA/HHA class. Maryland regulations require 100 hours of training, of which 72 hours are provided in the classroom and 42 hours in the clinical area. Massachusetts adheres to the federal mandate of 75 hours of training. Maryland regulations require that students be CPR-certified, while Massachusetts has no CPR requirement. Students must pass a reading and writing examination, based on 8th grade level, to gain entrance into the class. The cost of training in both Boston and Baltimore is approximately $550 plus fees for testing. Partial payment is allowed. Classroom instructors are all RNs. Clinical instructors are RNs and LPNs. Boston instructors are required to have long-term care but not education experience. Completion of the Boston program may be applied toward six credits at three local community colleges. Students must pass with an 80 percent, and there are two quizzes and a final exam.

The hospital-based program examined by the research team is a nursing assistant training program and does not include the home health aide segment. The program is 80 hours in length, of which 21 hours is spent in the clinical area. Clinical skills are taught at one of several area nursing facilities. The instructor at this program explained that interest in the dual program (CNA/HHA) has diminished in the past years and on occasion, when there is a

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[163] Maryland Register, Subtitle 39 Board of Registration - Certified Nursing Assistants 10.39.01 Certification of Nursing Assistants, Vol 28, Issue 2, 1/26/01.

[164] Commonwealth of Massachusetts, 105 CMR: Department of Public Health, 156.210 (A). 4/1/94.

demonstrated interest, she does provide the additional hours. The hospital-based program is based on a 9th grade reading level and does not require any pre-testing. The program has a very strict policy regarding minimum test scores that students need to maintain to continue in the program. Three failed tests and the student is ejected from the program. Program instructors strongly encourage nursing facilities sponsoring students for training to conduct their own pre-testing. Cost is approximately $425. The program coordinator is an RN with a Bachelors' degree in education and experience in long-term care. The primary instructor is an LPN. The program utilizes a physical therapist, in addition to licensed nurses, in both the classroom and clinical areas.

The community college program is 200 hours in length, of which 75 hours is spent in the clinical area. When complete, students are eligible to take the nursing assistant certification examination, known in Maryland as Geriatric Nursing Assistant (GNA) certification. Students must be high school graduates or have received a general education diploma (GED) and be CPR-certified. Total cost for the community college program is nearly $1000, which includes $700 for tuition, $200 for books, supplies and uniforms and $100 in testing fees.

The union-sponsored program offers two different tracks, a full-time welfare-to-work program and a part-time program for dislocated and incumbent healthcare workers and community participants. The welfare-to-work program consists of 320 hours of classroom instruction and 160 hours in the clinical setting over 16 weeks. The part-time program is 110 hours over 12 weeks. Pennsylvania adheres to the federal 75 hour requirement of training. Instructors are RNs with LPNs providing assistance with the clinical and lab components. Students are pre-screened for enrollment in the welfare to work program with 6th grade level reading and math tests. Students in the part-time program are pre-tested at the 8th grade reading and math level. A GED is not required for enrollment in either program. Tests are administered during the training and students are expected to maintain a 75 percent average. Students scoring below the 75 percentile are allowed to continue in the program and are provided with supportive tutoring. Students in the welfare-to-work program are provided with CPR training, but it is not a requirement for enrollment in either program. There is no cost associated with the welfare-to-work program. These programs are provided to union members, but are open to non-union members as well. For union members, the cost of the part-time program with associated fees may be covered by union benefit programs, with the student contributing to the cost for books and uniforms. The part-time program is also open to members of the local community for a reasonable tuition charge, which includes tuition and books; uniforms and testing fee are additional.

Classroom Observations

In order to better understand the various nurse aide training curricula, researchers visited the four program types for several hours at a time, usually on more than one occasion. It is important to note that these observations represent only a brief glimpse into the total program training activities.

Classrooms in ARC, hospital-based and community college programs combine classroom and laboratory facilities. Classrooms appeared crowded, but well supplied with hand-washing sinks, hospital beds, bedside tables, over-the-bed tables, wheelchairs, walkers, mechanical lifts, upright scales, commodes, folding screens, linens, and personal care equipment. The union-sponsored program utilizes separate classroom and lab facilities.

Most instruction is given via lecture, with videotapes, posters and textbook used to supplement material presented. Student participation varied among the programs. In AMR programs, students were observed to participate by reading from textbooks and engaging in discussion to clarify important points and to draw from personal experience. The community college program was observed to be taught primarily via lecture. Students are regularly assigned homework. Skills training involves a demonstration by the instructor with return demonstrations from students working in small groups. Students practice on each other, and are required to demonstrate how to knock on doors, introduce themselves and explain a procedure before beginning. Students are frequently reminded to talk to the residents, explain what they are doing, and ask if residents are comfortable.

During skills training, instructors were observed on several occasions in two of the programs to teach different procedures for the same task; one that the student would be expected to demonstrate to pass the certification test and the other the "real" way that would be done when employed in a nursing facility. For example, when the students were instructed on how to offer a bedpan to a nursing facility resident, they were told that during the certification test, their partner (someone who accompanies the student to the skills segment of the exam) would be allowed to lift themselves off the bed so that the student could easily slip the bedpan under them. The instructor explained that elderly nursing facility residents would not be able to do that and demonstrated how to turn the resident on his/her side, place the bedpan appropriately and then have the resident turn on their back.

In combined nursing assistant and home health aide training programs, material applicable to either or both programs was observed to be presented concurrently throughout the classes. For example, one class observed by a researcher covered the topic of safety and included both toddler and infant safety as well as safety issues applicable to the nursing facility. In this same segment, students were provided with and were responsible for information on positioning an infant to prevent Sudden Infant Death Syndrome, recognizing the signs and symptoms of heart attack, and emergency care and first aide for choking, poisoning and seizures. In this class, the instructor demonstrated the Heimlich maneuver and then had students practice with a partner. Students were then observed and "passed" on this skill by the instructor.

Instructor Interviews

Interview questions posed to the instructors focused on whether the number of state required hours were adequate (in their opinion) to prepare nursing assistants for employment and what supports they would recommend for newly certified and newly-hired aides. Instructors at both the ARC and hospital-based programs believed that students were adequately prepared

for entry level work but that a comprehensive orientation program was key to making a successful transition from student to practitioner role. Nursing assistants are prepared to perform basic tasks, but are not prepared to accomplish the level of organization necessary to accept a full resident assignment. The ARC instructor stated that students should not have a full resident assignment until they've been employed for four to five weeks and that their responsibilities for residents should be gradually increased over this period. She also stated that newly certified nursing assistants need six months of support and/or mentoring during their first job.

If any changes were to be proposed, ARC instructors advised increasing the required time in the clinical area or adding a requirement that nursing facilities put aides in a one-on-one mentoring or support relationship for at least the first few weeks following certification.

The instructor in the hospital-based program stated that students involved in clinical training in her program started out providing an aspect of care for one resident with a partner and then gradually advanced to the point of being able to provide care for one resident by themselves. This instructor stated that students are often initially uncomfortable and anxious in the nursing facility setting and that having a partner alleviates some of this discomfort.

When questioned about the make-up of the student population currently and in the past, instructors noted that language is an issue for many more students now than in the past. They explained that pre-testing students with reading and writing tests helps to identify those students who would have difficulty with the language level of the textbook and program materials. Inner-city classes include a higher percentage of non-native English speakers, while suburban classes are generally split evenly between students for whom English is their native language and students for whom English is a second language. The ARC offers English as a Second Language classes and will refer students to those classes if they are unable to pass the reading/writing examination. The age of students has not varied significantly over the years, but the number of men enrolling has increased. According to instructors in the ARC and hospital-based programs, 80 and 50 percent of students respectively pay for the program themselves.

Student interviews

Nine students were interviewed who were enrolled in ARC and hospital-based programs. Students were evenly split between under-25 and the 26-45 age groups. The majority were female and described themselves as Black/African American. Three were currently enrolled in college programs and two had been employed as business or healthcare professionals in their own country. Eight of the nine indicated that they were either currently enrolled or planning to attend nursing school in the future. It should be noted that these interviews took place in June 2001 when it is possible that a greater percentage of college students would be enrolled in the programs as they prepare for summer employment.

7.14.3 Nursing Facility Interviews

Interviews were conducted with directors of nursing and educational coordinators who are responsible for the orientation and on-going education of nursing assistants. Nursing assistants who had completed their certification training within the past 12 months were identified and interviewed as time and schedule permitted. Researchers recognized early in the study that the interview protocol for nursing assistants as originally drafted was excessively long and had to be shortened considerably. Because nursing assistants were interviewed at the facility during their shift of duty, they were far too busy to spend more than 10 or 15 minutes with the researcher. The original questions were also noted to be too complex for many nursing assistants, especially those for whom English was not their native language. One of the facilities visited was large (over 100 beds) while the other was small (100 beds or less); one was located in a suburban location, the other in the city. One facility was privately owned while the other was part of a chain.

Directors of Nursing/Education Coordinator Interviews

Directors of nursing (DON) and educational coordinators were questioned on their opinion of the adequacy of the preparation of nursing assistants, variation in training programs and ways that they provide support for the newly certified nursing assistant. Both DONs interviewed stated that nursing assistants generally need more training, particularly clinical training. One director of nursing had found that the aides were completely overwhelmed by the size of their assignment and the complexity of all that they were expected to do in the course of a shift. They commented that the aides were often unprepared for what the job entailed. They noted several areas where students could benefit from additional training. Students were not always adept at respecting resident rights or talking to residents and/or their families. They also did not know how to operate commonly used equipment, for example mechanical lifts and scales for weighing residents. Furthermore, they were not skillful at certain tasks, like taking blood pressures or transferring and positioning orthopedic residents.

When asked about the variability in level of preparation between various training programs, one DON stated that she has noted a great deal of variability in the competency of the nursing assistants coming from different programs. Some programs, she noted, seem to "pass" everyone, while others seemed too restrictive. This variation seemed to center on language issues. In her experience, she had hired recently trained, but not necessarily certified, nursing assistants. She described these recently trained nursing assistants as having such poor English language reading and writing skills that it was unclear how they could have passed the nurse aide training program and/or state certification examination. On the other hand, uncertified nursing assistants that she had hired and enrolled in a different certification program, had been dropped from that program because they were unable to maintain the required test average. The DON stated that she had confidence that these nursing assistants were caring individuals who would be competent nursing assistants and planned to have them repeat the program.

The other DON stated that she preferred students to be trained on-site at the nursing facilities as she believed that such training considerably shortened their learning curve. They were able to learn the facility environment (e.g., where supplies were kept, procedures for laundry, and required documentation), and develop supportive relationships with other staff during the course of their training. She pointed out that with the increase in acuity of nursing facility residents and the greater number of admissions and discharges, nursing assistants no longer have the opportunity to care for the same resident day after day. Nursing assistants' assignments change more frequently and thus they do not receive the needed reinforcement of providing the same care techniques daily. By training in the facility, this DON believed that a more consistent environment was achieved and was thus more conducive to learning.

Both facilities indicated that they provide individualized orientation programs designed to provide the appropriate level of orientation based on the newly hired employee's level of experience. All employees receive a standard general orientation, but beyond that the orientation is driven by the employees' needs. Nursing assistants' skills are evaluated using competency checklists to document that each skill has been successfully demonstrated. Evaluation of the various skills is completed by the nursing assistant, a co-worker, and their supervisor. Each facility stated that they assign a "buddy" or preceptor to new employees and that assignments are initially very light and are gradually increased over time. Both facilities indicated that although the orientation was individualized to the experience of the new employee, generally newly certified aides were in orientation for two weeks. One facility stated that if the orientation goes beyond two weeks, they evaluate the appropriateness of the individual's employment.

Interviews with newly certified nursing assistants

Newly certified nursing assistants were interviewed to determine the type of program they had attended, the curriculum, teaching methods and instructors, and to share information on their initial work experiences. As stated above, it was difficult to obtain all the desired information due to time and language constraints. In many cases, nursing assistants simply did not understand the interview questions.

Five female nursing assistants were interviewed; four from one facility and one who was interviewed at the union-sponsored program. Four described themselves as Black/African American and one described herself as Hispanic-Latino. Three stated their ages as between 26 and 45 years old and two were under 26 years. Two were high school graduates, one had completed two years at the university in her country, one was currently enrolled in the community college nursing program and one was enrolled in a union-sponsored LPN program. Prior to becoming nursing assistants, they had worked as housekeepers, lab assistants, home health aides, at a library and at a fast food chain. Two indicated that they decided to become nursing assistants because they had cared for elderly family members, one had selected it because it would get her a job and two wanted to go to nursing school.

Each one gave good marks to her training program. Four had passed the written and skills test the first time they had taken it, the fifth had had to repeat the training course and take the

written test twice, but had passed the skills test the first time around. When questioned as to which teaching methods were most effective, two nursing assistants indicated that the skills practice sessions were most helpful, while one found the textbook helpful and another stated that the "two languages" was good. She explained that her training class was conducted in English, but that if a student didn't understand something, he or she could request that the instructor explain it in their native language.

When describing their orientation to the nursing facility, each nursing assistant stated that she had been assigned a "buddy" and that this person had been very helpful, although it was not always the same person. The nursing assistants reported receiving full resident assignments between one and three weeks after beginning their employment. One stated that she felt she knew her job after two months. Three of the nursing assistants stated that they had learned 50 percent of what was needed to do their job in the training programs and 50 percent on the job. When asked if the way they perform tasks at the nursing facility was different from the way they learned in the training program, two stated that it was very different. One explained that it was because the way they do it at the nursing facility is more tailored to the needs of the residents, while the other stated that it was "completely different from the way it's done in class," but didn't offer any further explanation. These noted differences between the way procedures are done in class and the way they are done on the job impacted the newly hired nursing assistants' perception of the orientation program. When asked to describe their initial days on the job, one answered that, "it wasn't easy, things were very different from the class" and another stated that it was "very difficult as the workplace was not at all like the classes." One nursing assistant explained that no amount of training could have prepared her for "working short", (i.e., low staffing). She stated that, "I don't know how they can train you for that." She expressed that she had used most of the material that had been presented in her class, "some of the stuff I thought I would never use but I have."

7.14.4 Interpretation of Findings

Any conclusions or recommendations put forth in this section are limited by the extremely small sample of programs and nursing facilities reviewed. However, certain themes that were recognized in our interviews parallel testimony offered by industry experts that was noted in the literature review. Classroom observations along with interviews with program instructors, students, nursing facility directors of nursing and newly certified nursing assistants yielded the following key points:

- Time spent in clinical practice is important for improving competency levels at the time of certification and in easing the transition from certification program to work environment. Increasing the mandated number of hours in nursing assistant certification training programs and requiring that a portion of these hours be spent in the clinical practice component or in formal facility orientation programs would improve the competency level of newly certified nursing assistants.

- Communication between training program instructors and nursing facility staff regarding competency levels at the time of certification is needed to bring the level of expectation on the part of the nursing facility in line with the reality of program capabilities. Because facilities are often not aware of the variation in training course content, communication in the form of individual student competency evaluation specific to care tasks should be provided by the certifying program to the hiring agency.

- The amount of material presented to the student and for which the student is held responsible is vast. (For details, see sections 7.6.1 and 7.8.2.) Students, regardless of educational background or employment experience are expected to absorb information on the following:
  - Basic nursing procedures (e.g., bathing, dressing, feeding, transfers, mouth care, measurement of temperature, pulse, respiration and blood pressure);
  - Medical information on diseases (e.g., Alzheimer's disease, cancer, diabetes);
  - First aide and emergency procedures (e.g., poisoning, falls, burns);
  - Nutrition;
  - Safety;
  - Resident rights;
  - Communication;
  - Death and dying; and
  - Infection control.

  The majority of the programs examined attempt to accomplish all of the above within the 75 hour minimum required by OBRA '87. If the training program is one that includes both CNA and HHA training, information and procedures applicable to all age groups must be mastered. Increasing the number of hours, especially for students with no previous medical experience would improve competency levels.

- Emphasis should be focused on the special needs of the geriatric population. Because the course content is extensive and often includes both CNA and HHA training, thus covering all age groups, little focus can be spent on the special needs of the elderly, who make up the vast majority of the population needing care.

- Techniques taught should be current to the present nursing facility environment, e.g., nursing facilities do not use upright scales as few residents are able to step up on them, yet training programs teach weight measurement using upright scales.

The responses by newly certified nursing assistants that 50 percent of what they currently know about their job they learned in the training program and other 50 percent they learned on the job agrees with data from a survey referenced in Section 7.7.1 (Gipson et al, 1998). These observations made by nursing assistants are interesting and at the same time rather distressing. Nursing facilities appear to focus their attention during the orientation process on the verification of skills that these nursing assistants should have learned in training

programs. They recognize the need to teach nursing assistants and all new employees the policies and procedures that are unique to their facility, but do not appear to see their role as providing much more than general orientation and skill verification. The newly certified nursing assistants expressed great appreciation to their "buddies" and charge nurses who helped them learn during those initial weeks on the job. If it is indeed true that half of the learning is taking place at the facility, then the majority of this teaching is being provided by nursing assistants, which is putting considerable burden and responsibility on individuals who themselves have had minimal preparation. Furthermore, half of nursing assistants' preparation is taking place in an environment that is not aware that this practice is occurring nor acknowledging this task as their responsibility. More investigation into the interaction between training programs and work environment is needed.

7.15 Innovations from States

7.15.1 State Initiatives to Support Nursing Assistant Education

Several states are authorizing new sources of funds to support education, recruitment and retention of CNAs. Some initiatives are developing or evaluating programs that foster career development for CNAs. Others are preparing nursing assistants for certification, teaching them about specific diseases, or offering ESL or GED classes.

More detailed information will be available soon from the Office of Inspector General (OIG) of the Department of Health and Human Services, which is conducting a survey of all nursing assistant educational requirements in each state. The OIG's study, which will include data about which states are adding to or deleting from their mandated requirements, is due to be released in late 2001 or early 2002.

7.15.2 Michigan

The Michigan Department of Community Health has authorized $7 million of tobacco grant funds over three years to enhance training in health careers. Among many funded projects are the following:

- "Staff development and training" awards for a dementia training project intended to help family and paid caregivers provide care to people with dementia.

- Funds to help the American Red Cross of Southeastern Michigan develop, test, and refine a curriculum to prepare direct care staff to work in various long-term care settings.

- A service organization in the Upper Peninsula of Michigan will receive $150,000 for the "Home Care Assistant Training Program," a partnership with several community and state colleges and Michigan Works!, the state's workforce investment agency. The program will be implemented throughout the Upper Peninsula for existing in-home providers, workers and caregivers to address area direct care recruitment and retention.

- Alpena General Hospital in Alpena will receive $50,000 for the "Certified Nurse Aide/Certified Home Health Aide Training Project," in partnership with Alpena Community College in several rural counties in northeast lower Michigan. The project is expected to reduce the cost and improve the quality of nursing facility and home care services.

- MidMichigan Gladwin Pines, of Gladwin, will receive $70,268 for the "Staff Development & Training Project," to partner with Michigan Works!, a regional Community College, a county extension program, a Regional Education Service District, a family service agency and several long-term care providers. The project will result in a community strategic recruitment plan, more stabilized work force and greater recruitment of staff to the facility.

- American Red Cross Southeastern Michigan Chapter, of Detroit, will receive $100,000 for the "Nurse Assistant Training, Recruitment, and Retention Program," to develop, test, and refine a direct care curriculum which prepares direct care staff to work in a variety of long term care settings.

- Huntington's Disease Society of America - Michigan Chapter, of Lansing, will receive $48,645 for the "Specialized Community/Individualized Care Planning," project to engage in a public/private partnership with Tendercare Corporation to provide Huntington's Disease training and consultation program within several Tendercare facilities to better handle associated behavioral symptoms and meet the long-term care needs of consumers with this form of dementia. The project will provide individualized care and planning with consumers in these facilities with Huntington's, family members, facility staff and other long-term care community providers.

- Tendercare Regional Office, of Okemos, will receive $150,000 for the "Advanced Health Care Provider Training Program." The training will go beyond physical treatment practices to include outcomes that are consumer driven. The staff training models will include segments related to assisting customers in making informed choices related to their care as well as the available resources in their community to meet all of their needs.

7.15.3 Massachusetts

A Nursing Home Quality Initiative, passed by the Massachusetts legislature in FY01 and signed by the governor, was designed to improve the quality of long-term care by directing resources toward improving the quality and stability of the labor force. The budget included the following:

- $35 million for an across-the-board wage pass-through for CNAs;
- $1 million for a scholarship program for entry-level CNA and home health aide training;

- $1 million for ESL and adult basic education (ABE) training for workers to develop the skills needed to enter a CNA training program; and
- $5 million for the Extended Care Career Ladders Initiative (ECCLI).

ECCLI takes as its premise that long-term care providers must change how they value, train, and promote direct-care workers to compete for labor in today's economy. It awarded three rounds of funding during FY 01.

In two of those rounds, 24 nursing facilities were awarded up to $100,000 each for initiatives that offered direct-care workers opportunities for skill development and career advancement. These took many forms, from ladders that emphasized leadership development to English classes for speakers of other languages. All allowed low-wage staff to move to more senior direct-care positions that offer greater responsibility and increases in wages.

A third round of funding offered nursing facilities from $100,000 to $500,000 to form partnerships with other long-term care facilities or home care providers, workforce development agencies, and community colleges. In each case, training for direct-care workers had to be linked to changes in work organization and care giving practices. Providers were asked to examine the quality of life for their residents, develop specific plans for improving care giving and workplace practices, and tie their career ladder curricula to the changes they proposed. Program components included changing supervision and management methods, instituting employee supports, and developing soft skills such as problem solving and communication.

Seven partnerships were funded, each including at least two long-term care providers, with a total of 27 nursing facilities and 3 home care agencies participating. Each consortium is developing a career ladder program. In some cases, housekeeping and dietary staff are encouraged to participate in ESL and ABE programs that provide the basic skills needed to enter a CNA training program. Many career ladders include mentoring and leadership components, which are complemented by supervisory training that emphasizes a "coaching" style of management (for details, see Section 7.16.3). A number of the programs provide employee supports, career counseling, and case management services.

In addition to career ladders, participants are engaging in other practices designed to expand the pool of workers and improve retention. One consortium, for example, is developing a shared curriculum for home health aides and CNAs, so workers can be cross-trained and can supplement their part-time home-based jobs with work at facilities during peak hours.

The legislature and the governor have proposed to continue funding for workforce development in long-term care in the FY02 budget. In its next phase, the program will include workers providing home-based care. The budget proposals maintain the wage increase and continue the scholarship program and resources for ESL, ABE, and employment supports.

7.16 Promising Practices from Providers and Other Non-governmental Entities

In the limited time available to research and write this chapter, the research team was unable to conduct a comprehensive review of the many programs nationwide intended to recruit and train new nursing home nursing assistants or offer career advancement opportunities to experienced NAs. Most of the programs outlined below have not been evaluated formally, if at all. They were, however, recommended by program developers, researchers, and other key informants who believe them to be innovative and effective.

7.16.1 Dementia Care Training

Due to the prevalence of dementia among nursing home residents and the special challenges posed by the condition, many educational programs for nursing assistants focus on some form of dementia care. Promising approaches include the following:

- Bathing. Being given a bath or shower often causes people with dementia to become agitated, striking out physically or verbally at their caregivers. In a pilot project at two Oregon nursing homes, researchers Joanne Rader and colleagues identified a number of ways in which nursing assistants could reduce aggressive behavior and make the experience more pleasant and less stressful for the residents. [165]

- Adult education methods for teaching dementia care. A method of dementia care training disseminated by the Eastern North Carolina chapter of the Alzheimer's Association teaches both direct caregivers and their managers effective ways of working with people with dementia. The training itself incorporates many concrete suggestions, such as approaching people from where they can see you, not from behind, giving them time to realize and adjust to what's happening, staying at eye level rather than towering over them, offering a hand but letting the resident initiate contact, and keeping messages simple.

  The content is taught in a variety of methods calculated to get through to all types of adult learners (for details on adult learning methods, see Section 7.7.2). "Our experience indicates this training approach and our techniques result in better content integration into practice, improved caregiver understanding of resident behavior, use of new and more effective intervention techniques ... and fewer episodes of negative resident-caregiver interactions around caregiving," writes Teepa Snow, one of the developers of the program and the program director for the Durham Technical Community College OTA program and restorative care offerings.[166]

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[165] Rader J, Lavelle M, Hoeffer B, McKenzie D (March 1996). Maintaining Cleanliness: An individualized approach. Journal of Gerontological Nursing 22(3) 32-38.

[166] Personal communication.

- Music and touch therapy. Kramer, Smith and Dabney (1996-1997)[167] trained nursing assistants and family members to use these two types of therapy on residents with advanced dementia. Touch therapy concentrated on stimulation of the hand and arm, using such techniques as a light comforting touch, light hand massage and acupressure. The music therapy involved caregivers using techniques such as singing, humming, playing familiar or soothing music, moving rhythmically and playing instruments. Caregivers were taught each intervention in time spans of between 30 minutes and half a day over the course of several weeks.

The researchers found evidence that both types of interventions "can have a strong positive impact on nursing home residents with severe dementia," with touch typically calming agitated residents and music eliciting increased arousal and interest. Both interventions caused residents to exhibit less sadness and depression.

Noting that it was difficult for nursing assistants to find the time for the additional training, the researchers concluded that "a more important consideration for training than establishing a uniform schedule which has to be followed by everyone is assuring that each caregiver can devote about eight hours overall to the training process."

7.16.2 Programs Offered by Individual Facilities or Chains

Providence Mount St. Vincent

Providence Mount St. Vincent (PMSV) is a large nursing home in Seattle, Washington, that has reorganized its staffing to facilitate the development of relationships between residents and resident assistants (its title for nursing assistants). To foster this Pioneer philosophy, nurses no longer manage resident units. For each "neighborhood" of care, PMSV has hired more resident assistants. The resident assistants have increased authority and responsibility and more time to spend with residents to provide individualized care, while licensed nurses have more time to conduct nursing assessments and treatments.

PMSV recently developed its own in-house training program because its managers felt that CNAs trained elsewhere were not prepared to do the work or be familiar with the PMSV philosophy of resident-directed care and management. It also provides training for several rural nursing homes who lack the funds and infrastructure to train their own staff.

The training program comprises 134.5 hours including 74.5 hours of clinical practice. The curriculum includes components about conflict resolution, communication and multicultural issues in addition to segments on the aging process, death and dying and cognitive impairment. PMSV establishes "extra" days during which students can return to practice

[167] Kramer NA, Smith M, Dabney J (January 1996-December 1997). Final report: Effects of specialized training of family and nursing home caregivers in the use of music and touch with nursing home residents with advanced dementia.

skills prior to taking their exams, since the exam is often scheduled a month or two after they have completed the training.

The entire facility is invested in the training program. Although two full-time RNs direct the training program, other staff, including members of the management team, are often called on to teach specific segments.

PMSV encourages most employees to take the training so everyone is certified to provide resident care. The course is tuition-free, and PMSV pays all transportation costs. PMSV also pays wages to existing employees and holds their jobs while they take the resident assistant course.

In addition, PMSV provides English as a Second Language courses for interested employees. Employees who take ESL training take three hours of class a week. PMSV pays them for half that time.

Experienced resident assistants become preceptors to RAs in training and to those newly certified and assigned to neighborhoods. Under supervision from managers, preceptors work with the new RAs as long as necessary to help teach the resident-directed philosophy, oversee technical skills, and model the relationship building that is the core of the work. Preceptors are given a raise in salary. PMSV also offers financial credit for experience gained outside the facility that relates to an employee's job responsibilities.

Nurse Managers supervise the students during their clinical hours on the neighborhoods, and the training staff meets quarterly with preceptors to train them in identified areas and have them demonstrate their skills. In addition, PMSV periodically sponsors extended training for supervisors to develop their skills at supervision.

PMSV has a part-time counselor to help students succeed in the training program and access an Employee Assistance Program if necessary. The facility also provides support to students after they complete the training, whether they are employed at PMSV or elsewhere. In focus groups with employees held in 2001 to learn what kinds of support they need, PMSV learned that they want certain types of assistance in order to be able to work full-time or overtime. In response, PMSV is arranging for assistance such as late night childcare, food delivery and transportation.

PMSV is reimbursed for partial costs of its training program. Based on its Medicaid population, Medicaid pays 50 percent of the cost for teachers, expenses and supplies, but none of the wages paid to staff in training.

Apple Health Care

Apple Health Care is a small chain of 21 nursing facilities in Connecticut, Rhode Island and Massachusetts. As part of a corporate-wide culture change process, Apple addressed its high

turnover of CNAs through a holistic approach that redesigned hiring, orientation, advancement, and workplace culture practices.

To increase retention, Apple refined its selection process to ensure the hiring of candidates who believed in its quality-of-life mission. It then enhanced its orientation program and developed a career ladder program.

CNAs eligible for the Career Path program must be employed by Apple at least one year, be an employee in good standing, and be recommended by the administrator and director of nursing. CNAs earn quarterly bonuses of $75, $150 and $250 respectively after completing each of three modules. (CNAs said they preferred getting the money as a bonus rather than as part of their wage packages.) The bonuses continue as long as the CNA remains employed.

Each module lasts for eight weeks, during which participants attend one two-hour class every week. The modules are Individualized Care, Pioneering Approaches to Quality of Life, and Leadership. Sample class titles from the first module include "From 'Difficult Behavior' to 'Meaningful Communication,'" "Care Plans that Know the Resident," and "Food is NOT Medicine!" The module on leadership includes classes on effective communication, understanding change, becoming a preceptor, and stress reduction, among other topics.

Apple's revamped orientation program partners a trained mentor (a level 3 Career Path CNA) with a new hire whenever possible. New CNAs go through on-the-job training, which is time spent directly with residents, before working on their own. This orientation period may be lengthened if the mentor and supervisors believe the employee is showing progress but needs more time. Mentors work with new aides holistically, teaching not just how to perform caregiving tasks but how to communicate effectively as well.

Apple also instituted a "Better Life" program to give paraprofessionals a voice in overall workplace culture. Joint committees of workers and residents suggest ways to make the home a better place to work and live. The committees have representation from a variety of shifts and have suggested many improvements that have been implemented.

The Cooperative Healthcare Network

The Paraprofessional Healthcare Institute has fostered a network of employee—centered enterprise and training programs modeled after Cooperative Home Care Associates, a worker-owned home care agency employing more than 600 direct-care workers in the South Bronx. The Cooperative Healthcare Network (CHCN) also includes two other worker-owned home health agencies, and two worker-centered training programs.

Although most CHCN providers work with home health aides, the network's approach to training has also been successfully applied to preparing nursing assistants for work in nursing facilities. The network has documented the following essential elements of effective training, based on 15 years of experience.

- Apply adult-learner training techniques throughout the curriculum. To accommodate different methods of learning, the CHN training program incorporates a range of teaching techniques, including the following:
  --Case studies
  --Learning team discussions
  --Role plays, theatre and other simulations
  --Interactive lectures
  --Homework that stimulates questions and discussion
  --Recycling (repeating) information in different contexts and forms
  --Interactive review/assessment activities.

- Adapt clinical and personal care skills curriculum to the specific needs of the resident base.

- Add work-readiness skills such as communication, critical thinking and interpersonal problem solving to the curriculum. These skills are introduced early and then woven into clinical and personal care skills units. (For example, a bathing unit is used to practice communication skills.) Appropriate workplace behaviors are also covered, including such matters as case assignments, hours, expectations for professional dress and behavior, and time sheets.

- Integrate learning about appropriate workplace behaviors into the training program. These may include such topics as case assignments, hours, expectations for professional dress and behavior, and time sheets.

- Extend training into the first 90 days of employment (this may be a probationary period), through a combination of close supervision and with the following:
  --A comprehensive orientation program that refreshes skills, improves communication and problem-solving skills, and introduces aides to the full range of staff they will interact with in the organization.
  --An on-the-job training program for the first three to six months.
  --Peer support. Larger employers who hire a number of workers at one time convene peer-mentoring groups bi-weekly, ideally with an outside facilitator to help identify issues that need to be brought to supervisors or care managers. Smaller organizations that hire employees one at a time are encouraged to set up more flexible and informal mentoring relationships.
  --Frequent in-service training to reinforce problem-solving skills through discussing on-the-job experiences. When possible, these are held bi-weekly, with peer-support sessions on alternating weeks.

Learning about appropriate workplace behaviors and understanding company policies is integrated throughout the training program. This is accomplished through on-the-job training to support workers in their first three to six months on the job, extensive orientation, regular in-

services that are responsive to student needs, peer support and mentoring programs, and a coaching style of supervision.

The coaching method uses one-on-one sessions to build a trusting relationship. Issues to be addressed are identified, and the coach seeks to understand how the nursing assistant sees her world, what her thinking and problem-solving process is, what she understands as her goals, and what barriers might be in the way of achieving these goals.

When there is a shift from "blaming" direct-care staff for problems such as absenteeism or "poor attitude" toward supporting growth and development and good problem solving skills, nurses and supervisors can begin to listen more carefully and improve communication with CNAs. Rancor and tension are reduced, and CNAs who might have left the organization may become prized employees. Sanctions are still used when necessary, but the goal is to replace the traditional "discipline and punish" method of supervision with a more effective "problem-solving" method.

Coaches are taught to communicate clearly with workers about each problem and its potential consequences, to come to an agreement about what the problem is and what caused it (here, the worker is expected ultimately to "accept ownership of the problem") and to help the worker resolve both the problem and its underlying cause.

CHCN members report marked reductions in turnover after instituting this method of training.

Genesis ElderCare

Genesis ElderCare, the skilled nursing and assisted living branch of Kennett Square, Pennsylvania-based Genesis Health Ventures, offers an advanced title to qualified nursing assistants who want to earn additional duties and pay while remaining NAs. Geriatric nursing assistant specialist (GNAS). classes last for 108 hours and cover seven topic areas, including advanced communication skills, conflict resolution and customer service, and the problems, signs and symptoms of common disorders in the elderly. GNAS graduates get a $1.25 an hour boost in pay and are assigned special duties, which may include greeting new residents and their families, helping to orient new nursing assistants, overseeing a nutrition, hydration, or weight management program, or serving on a facility's performance improvement committee.

While the program has not been formally evaluated, Genesis reports that nursing assistant turnover has decreased since it was implemented more than a decade ago.

The Towson Maryland Regional Office for Genesis ElderCare is approaching the shortage of nursing staff through what they characterize as a "re-engineering" of the nursing staff. The first step in this re-engineering process involved a thorough review of the responsibilities, duties and tasks performed by all levels of the nursing staff, both licensed and unlicensed staff. Based upon this review, Genesis was able to identify the most time-consuming tasks as well as a number of functions that could be performed by non-healthcare workers. Using their findings, Genesis implemented the following changes: 1) creation of new positions and

re-allocation of time consuming tasks to these positions, 2) streamlining of the admission process, and 3) expansion of career ladder programs for nursing assistants.
Specific examples of staffing changes include the addition of an evening non-clinical manager. This person assumes responsibility for all issues that do not require the expertise of a licensed nurse such as staffing shortages, physical plant problems, and resident or family non-medical questions. Because many residents receive IV therapy, which requires significant nursing time to monitor, a separate IV team was assembled to deal with IV administration on a 24-hour basis. Lastly, Genesis instituted the creation of a new position, called the Dignity Specialist. The Dignity Specialist is a certified nursing assistant assigned to each unit who devotes his or her time to bathing and showering residents in a "spa-like" atmosphere. This has proven to be a very successful practice for both staff and residents. The Dignity Specialist coordinates the scheduling of baths and showers and is able to provide a relaxing and private bathing experience for residents.

Wellspring

Developed by 11 not-for-profit long term care organizations in Eastern Wisconsin, Wellspring Innovation Solutions, Inc. is a multifaceted approach to improving care quality and reducing turnover. Each participating home is encouraged to tailor the program to its own needs, but all must agree to send all eligible staff to Wellspring's eight training modules and to collect data and analyze it on a quarterly basis. A geriatric nurse practitioner (GNP) oversees and implements training for all member facilities.

The philosophy behind Wellspring is to empower nursing assistants and all other staff to make decisions that improve the quality of resident care and the work environment, to foster networking between departments within a facility and staff at different facilities, and to use data on resident outcomes to measure progress and identify areas in need of improvement.

Six modules include nursing assistants. Training begins with a two-day off-site session, in which care resource teams consisting of nursing assistants and other staff study one of the modules. The team then teaches all other staff at the facility what they have learned. The GNP visits the facility three months later to reinforce what the team has learned, and conducts a one-way workshop six months after the training for team members. The process is repeated for each of the modules, with different staff members involved in each care resource team.

The topics are as follows:

- Elimination/continence. The entire nursing staff explores causes, assessment techniques, treatment options and ongoing evaluation as it relates to incontinence. The contributions of every department, from housekeeping to dietary, are explored.

- Skin care. A nurse practitioner and enterostomal therapist teach how to prevent, identify, and treat pressure ulcers.

- Behavior management. The social worker generally leads this module, which focuses on how to identify and treat such problems as depression, anxiety, delirium, dementia and wandering.
- Falls and restraint reduction. The entire facility staff is involved in this module, which stresses ways of identifying frequent fallers and maintaining safety without using restraints.

- Restorative care. Nursing, restorative and activities staff discuss how to keep residents at their highest level of functional, emotional and cognitive ability. Use of assistive devices is demonstrated, and the impact of resident immobility on function is explored.

- Nutrition. A dietician and a nurse practitioner explain how aging affects nutritional needs, with a focus on preventing dehydration and malnutrition. All care team members, including activities staff and therapists, are included in discussions of creative fluid management techniques.

In addition, a management module helps managers learn to adopt a coaching and mentoring style in the interest of empowering frontline staff, and a physical assessment module encourages RNs and LPNs to check their documentation systems for efficiency and accuracy and to eliminate redundancy, as well as teaching clinical observation, assessment, and critical thinking skills.

As Reinhard and Stone noted,[168] "The Wellspring model is particularly compelling because of its attention to the day-to-day work of frontline staff, particularly the CNAs. The stated philosophy is that top management sets policies for quality, and the workers who know the residents best decide how to implement those policies."

The American Association of Homes and Services for the Aging's Institute for the Future of Aging Services is evaluating the program in a report expected out in fall 2001. Meanwhile, noted Reinhard and Stone (2001): "Preliminary empirical evidence suggests that the Wellspring model may be producing improvements in quality. Yet because it is a multifaceted approach, implementation is not easy, according to top management. Aside from initial start-up costs in hiring the GNP and developing data systems and training programs, there can be 'psychic costs' associated with broad organizational change. Mid-management nurses and staff who are accustomed to a certain level of authority can sometimes be stumbling blocks to creating an environment in which CNAs and other front-line staff have a more substantive role in resident care and purchasing decisions."

St. Martin's

The St. Martin's Outreach Certified Nursing Assistant Program in Hartfort, Connecticut, is a state-licensed nursing assistant training program developed by St. Martin's Episcopal Church

[168] Reinhard S. and Stone R (January 2001). Promoting quality in nursing homes: The Wellspring model. The Commonwealth Fund (New York City).

and the Seabury Retirement Community. Classes and clinical training are held at Seabury, which encompasses both skilled nursing and assisted living.

The program is an apparently successful effort to do two things: develop viable nursing assistant candidates and offer job opportunities to the primarily low-income West Indian population in the area. The majority of its graduates remain employed as home care, assisted living or nursing home nursing assistants, and the program had a 200-person waiting list as of the end of 1999.

7.16.3 Programs Developed by Trade Unions, Associations, and Other Private Entities

Supervisor Training

Three organizations in New York City have partnered since 1996 to develop a tuition-free college certificate program for direct care workers and their supervisors.

The Paraprofessional Healthcare Institute and the College of Adult Learning of Lehman College and the JFK Jr. Center for Worker Education, both at the City University of New York, have received support from the United Hospital Fund to develop these programs, which are aimed at improving competency and retention of home health aides. The curricula, however, can be used for nursing home staff as well.

To earn a Certificate in Home Care, home health aides attend the following three-credit college–level courses:

- Introduction to Gerontology,
- Introduction to Disabilities,
- Introduction to Rehabilitation, and
- The Home Care System - Sociology, Politics and Economics.

Students meet for three hours a week for 14 weeks, take tests, and develop a final paper or presentation that requires interviews with clients, staff and health providers in their communities.

The Certificate Program for Supervisors in Home Care focuses on the direct care worker's immediate supervisor, who is often the reason she remains at or leaves her position. (See 8.2) This program combines some of the academic work and readings from the Certificate in Home Care course, but focuses on building supervisory skills among staff from different New York City agencies. One course focuses on coaching as an effective method of supervision. (For details on the coaching method, see the description of the Cooperative Healthcare Network in 15.2). For each course students bring to the class experiences from their work settings.

All courses are taught in an interactive mode, using small group discussion and regular feedback. Teachers include college professors, home care agency directors, staff training directors and social workers in addition to outside speakers who represent consumers, workers and providers in the home care system. The courses also emphasize the development of reading and writing skills. Staff associated with the program recognize that students who had taken a basic

preparatory course in reading and writing perform better in the courses. Materials for this preparatory course include readings from the health care world are of interest to students. Taking this course has become a requirement for admission to the program.
Although the course is for supervisors of home health aides, much of the material offered is applicable to CNA supervisors in nursing facilities. The course curricula will be available through the National Clearinghouse on the Direct Care Workforce at www.directcareclearinghouse.org.

1199 Training Institute
District 1199C Training and Upgrading Fund is a union-management educational trust fund composed of 61 of the major healthcare providers in the Philadelphia region and the National Union of Hospital and Healthcare Employees. The Fund is governed by a Board of Trustees composed of half management and half union representatives. The Fund is supported by management contributions of 1.5% of gross payroll and grants from a variety of public and private sources with an annual budget of $5 million. Most classes are housed in a 37,000 square foot training center adjacent to City Hall in downtown Philadelphia. Additional classes are held in satellite sites around the city and in Southern New Jersey.

For 25 years, the Fund has offered training programs for every healthcare sector. In support of the skilled training areas, the Fund offers a wide variety of remedial and preparatory programs including adult basic education, GED, English as a Second Language, Pre-Nursing and assistance for the learning disabled. The Fund is also a public site for the nurse aide certification examination and the GED test. The Fund serves both union members and the general public, approximately 15,000 people a year.

One of the largest training segments is the nurse aide program. Approximately 200 students graduate annually. The students come from different sources, union members seeking additional training, welfare recipients, dislocated workers, and the general public. There are several formats in which the course is offered depending on the background of the students and their healthcare experience. If graduates need employment, it is provided by the union hiring hall and cooperating employers.

The Training Fund staff is also involved with the broader healthcare community and is involved in public policy. Staff hold positions on PA Quality Assurance Council, the Intragovernmental Council on Long Term Care Council, the Long Term Care Council on Cultural Change and the Pennsylvania Adult Basic Education Coordinating Council.

The Fund's basic commitment is to developing career ladders to provide opportunities for advancement and to stabilize the workforce. The nurse aide graduates are offered easy access to a part time Licensed Practical Nurse program offered by the Fund. The program is designed for workers and offered in the evening and on weekends. In most cases, nurse aides can attend on scholarship and expect to double their salary upon completion. The next step is registered nursing. The Fund has trained about 500 nurses and has developed a plan to end

the nursing shortage by reaching out to new populations, entry level healthcare workers, minorities and immigrants.

Career Nurse Assistants Programs Inc. and National Network of Career Nursing Assistants
Based in Norton, Ohio, and founded by Genevieve Gipson, RN, these related programs offer educational programs, leadership training and recognition programs for nursing assistants.

The Career Nurse Assistant Program's (CNAP) workshops include the following:

- Clinical Teaching Skills for Instructors, Supervisors and Nursing Assistant Mentors. This 12-hour course covers adult learning methods and clinical teaching skills. Instructors who train new NAs and NAs' on-the job supervisors are taught to work as an effective team, helping new nursing assistants to transfer the skills taught in class to the clinical setting.

- The WH2O Patrol. This three-hour course on preventing dehydration teaches ways of assuring adequate fluid intake by residents.

- Encouragement: The Language of Caring. In a three-to five-hour session, students discuss and practice ways of communicating that convey both self-confidence and respect for other people's perceptions and beliefs.

- National Leadership Training Program for Nursing Assistants. This 12-hour course focuses on leadership skills to prepare nursing assistants to serve on facility committees or work with their peers. A related course, Working with Groups and Committees, provides training for nursing assistants who want to be members or facilitators of a facility's care planning, safety, purchasing or other committee.

CNAP provides recognition by inducting new members each year into its Twenty Year Club for nursing assistants with 20 years or more of service. In addition, it sponsors national CNA day and week in June, publicizing the dates and offering facilities materials, guidelines and suggestions to help them honor their employees.

The Institute for Caregiver Education
Based in Chambersburg, Pennsylvania, the Institute for Caregiver Education offers a number of programs to educate nursing assistants and their supervisors. These include:

- A career development series. This career path is open to all nursing assistants, but aimed primarily at new hires. It covers job skills that are needed by all nursing assistants but are not always taught. The training consists of 13 two-hour modules with such titles as "Walk a Mile in My Slippers," "He Said, She Said, Go Figure," and "Survey Savvy."

- The Nursing Assistant Specialist for Elders curriculum. In this program, which consists of 84 hours of advanced skills training for nursing assistants with at least six months'

experience, classes are typically taught in three-hour segments meeting twice a week for 14 weeks. It consists of four modules: Needs of the Elderly; Depression, Cognitive Impairment and Behavioral Management; Aspects of Aging; and Common Disorders of the Elderly.

- An English as a Second Language program. Geared toward people who want to work in elder care, this course begins with students meeting three times a week for three months with an ESL instructor. They then attend an eight-day course that covers non-medical skills needed by nursing assistants, such as communication skills, stress management, conflict resolution, basic math, and medical terminology. And finally, they spend three weeks learning hands-on skills and other knowledge needed to prepare them for the certification exam. The classes have been taught to about 25 students so far, most of them Spanish-speaking immigrants from Peru, Brazil, Ecuador, Mexico or Puerto Rico. The Institute estimates that 70 to 80 percent of the students have passed the state competency exam. According to Carol Tschop, chairman and president of the Institute, "the workers have proven to be quite responsible when placed in CNA positions."

- Leadership training for supervisors. The Institute recently introduced a 40-hour, 10-week program to enhance the leadership and supervisory skills of unit managers, charge nurses, and RN supervisors.

LEAP for a 21st Century Long Term Care Workforce

The acronym in the title stands for "Learn, Empower, Achieve, Produce," and the program was co-developed by Life Services Network in Hinsdale, Illinois and Linda Hollinger-Smith, PhD, RN, of the Mather Institute of Aging.

Currently being tested in Mather Lifeways in Evanston, Illinois, and three other sites, it consists of four pieces:

- Organization and team-building. This is the foundation on which the rest is built, stresses co-developer Anna Ortigara of Life Services Network, who says change cannot be implemented in a facility unless employees from all departments and shifts work together. [169] "People don't know each other; they don't have a chance to learn about other departments."

- An educational program. At this six-day workshop on communication and team-building, staff from all parts of the facility participate. "People love it," says Ortigara. "It's nothing new, really, but it's new in this setting [long-term care]."

- A CNA career ladder. This has two levels, says Ortigara. The material taught in the first level is more basic, but getting into Level two "is a real audition. You have to have

[169] Personal communication.

references, you have to apply, and you're told you'll have an expanded role with expanded responsibilities." The program was designed that way to ensure that it "changes the scope and responsibility of the CNA job."

- Mentoring for new CNAs. To ensure that new nursing assistants do not feel alienated from the facility, certain experienced CNAs are trained as peer mentors.

- Leadership development for nurse supervisors. Nurses are taught communication and management skills.

The researchers are refining the program based on initial feedback and expect to have their final materials available by January 2002.

The Learning Network for Senior Services

This is a collaborative initiative sponsored by the American Association of Homes and Services for the Aging with seven of its state affiliates (Illinois, Kansas, Michigan, Minnesota, New Jersey, New York, and Wisconsin) and Professional Mentoring, an electronic publishing company based in Manhattan, Kansas. The network uses technology-based tools to provide educational programming for nursing assistants and other staff.

States and facilities are encouraged to use the information to develop site-specific training. As of late summer 2001, additional states were testing the program, which is called The Learning Network (TLN) for Senior Services (http://www.tlnpartners.com).

Training programs include the following:

- On-line continuing education credits for administrators in various areas, including supervision, team building, communication, and hiring and retention of staff. Students can learn through written materials, corresponding with other students through e-mail or an on-line discussion group.

- A CD ROM-based program for nursing assistants covering 14 topics that can fulfill mandatory in-service requirements. Staff can take the course through an audio component in which the material is read to them or they can page through on a computer screen. A ten-point quiz follows each segment. The program tracks which components the staff person has studied, tested and completed and then creates a certificate for completion. A comprehensive tracking system also documents all non-TLN courses completed.

  Curriculum components include residents' rights and psychosocial needs, infection control, lowering stress levels, death and dying, confidentiality, communication, dementia, preventing burnout, abuse and neglect, and more.

- A more advanced leadership training module includes segments on such topics as authority and control, change, dealing with groups, customer relations, decision-making, ethics, fear of failure, management, mistakes, money, motivation, professional growth, and more.

  This segment includes a presenter's guide, which educators can use to supplement their in-house training programs. It also includes more than 1,000 articles on leadership, supervision and professional growth, allowing staff to search for and instantly receive relevant information. Employees at all levels of the facility can make use of the database, and trainers can package some of the articles for use in a course curriculum.

Collecting and Publishing the Wisdom of Nursing Assistants

In the course of researching dementia care training for nursing assistants, Nanette A. Kramer, Michael C. Smith, Janice Dabney and Tony Yang-Lewis were struck by the number of good ideas that came from the nursing assistants themselves. The researchers collected and organized those ideas, summarized each set of comments with a paragraph discussing what they have in common and how they can be put into practice, and paired them with high-quality black and white photographs of nursing assistants and residents with dementia.

The resulting manual, *Speaking from Experience: Nursing assistants share their knowledge of dementia care,* is published on high-quality paper with easy to read type. Accessible and elegant, it conveys a sense of professionalism, while the photographs give it emotional weight. Published in 1997 by Cobble Hill Health Center (Brooklyn, NY), the manual comes with a four-page trainer's guide on how to help nursing assistants use the ideas in the book or generate and act on their own.

Kramer and Smith (2000) noted that the reactions of nursing assistants at various nursing homes to the manual were "strong and consistently very positive." Nursing assistants, they wrote, "spoke about how good it felt to have their knowledge as well as their feelings validated," and said they were eager to show the manual to friends, family, and other staff.

CNAP (see Section 7.16.3) has created a similar series of booklets, Tips, Tips 2, Tips 3 and Tips 4. Each consists of tips offered by experienced nursing assistants, organized into topics such as "working with the new nurse assistant" and "Nursing assistants: making quality care happen through teamwork." Most are published through CNAP in Norton, Ohio, although a *Best of Tips* compilation is available through Hartman Publishing, Inc., in Albuquerque, New Mexico.

Frontline Publishing

Based in Somerville, Massachusetts, Frontline offers several employee training and development programs for nursing assistants in nursing homes and other settings. These include the following:

- The CareWorks career ladder. Developed by Frontline and customized for the long term care employers that institute it, the CareWorks career ladders consists of two levels comprising nine modules. In level one, as practiced in Integrated Health Services (IHS) facilities, nursing assistants get 30 hours of combined classroom and hands-on education in psychosocial and professional aspects of caregiving. Upon graduation, nursing assistants are given the title of Caregiver I. Level two offers advanced training in many key clinical areas, with graduates earning the title of Caregiver II. Training modules, each of which recommends two to three hours of instruction, cover topics such as customer service, arthritis and the musculoskeletal system, hydration and nutrition, pain management, and residents' rights. Students must pass a mid-term exam and complete a final exam in the form of a project in one of five areas: department shadowing, resident care planning, conducting an in-service, marketing the facility, or family or resident council presentation. Caregiver II status must be renewed yearly by completion of another project in one of the areas not already covered.

  The CareWorks instruction manual strongly urges facilities to give raises of no less than a dollar an hour to those who graduate from the program, or to award a one-time cash bonus of no less than $250 per graduate, noting that "anything short of a significant pay increase or cash bonus will undercut the seriousness and credibility of your entire program."

  According to Frontline, IHS facilities say the career ladder program has decreased nursing assistants' turnover by 25 to 30 percent.

- The CareWorks mentoring program. To reduce turnover during the first three months on the job, this program helps facilities identify experienced nursing assistants to help orient new workers. It provides a curriculum for training those candidates, in six one-hour modules with such titles as "Mentor as Teacher," "Mentor as Leader," and "Communication Skills." And it offers advice on how to reward graduates with certificates, enhanced status, and increased responsibilities.

  Some facilities include a second phase, called Team Works, for those who supervise nursing assistants.

- Nursing Assistant Monthly. This monthly educational tool consists of a newsletter for nursing assistants and a companion instructional guide for staff development directors. Each month, the newsletter covers a topic of importance to nursing assistants, such as managing conflict between residents or creative approaches to Alzheimer's care. Staff educators may base their monthly in-service programs on the material in the newsletter and facilitator's guide, or pass out a quiz included in the guide and allow nursing assistants to read the newsletter and take the quiz on their own in place of attending the in-service session.

SEUI Local 150

This Oakland, California-based branch of the Service Employees International Union instituted a program to train welfare recipients for work as nursing assistants in 1997. Four local corporations, each of which owns several nursing facilities, currently employ graduates of the classes, which are held in the Oakland/East Bay area and will expand in the fall of 2001 to include San Francisco and Sacramento as well. The trainers identify candidates and send them to one of the participating facilities for an interview. If a facility agrees to hire the candidate, he or she is enrolled in the program and guaranteed a job upon completing the training and passing the certification exam.

Candidates have been on public assistance for at least five years, so trainers screen in order to find the people likeliest to be able to handle the responsibilities of the job. Local 250 Education Director Joan Braconi says they look for people who can read and comprehend and do basic math. "People who've done some form of care, even just taking care of a grandparent or a sick child or a sick relative, are going to be much more successful. People who come from a family of healthcare providers tend to be more successful." Perhaps the most common reason their candidates lose jobs, she adds, is that they simply don't show up or show up very late, so her program screens for that. "Are they showing up for their appointments with their caseworkers on time? If they're not showing up or calling, or they're showing up on the wrong day — which is pretty common — that's a warning sign that they're not really ready."

Providing support is crucial as well. Local 250 holds Saturday study groups for nursing assistants in training, where they can go over the places where "people are getting stuck." They assign a caseworker to each student, who follows up throughout the training and for at least six months after graduation. And they help set up basic support services, as people whose lives are extremely chaotic may be unable to complete the course even if they're otherwise good job candidates. "Housing, childcare and transportation needs to be really nailed down," says Braconi. "They need to have backup child care."

The program begins with three weeks of 35-hour-a-week training in job readiness, including basic life skills, employment skills, and an introduction to the subject matter to be covered, such as taking vital signs and practicing infection control. That training is unpaid.

Those who complete it go on to eight weeks of 40-hour-a-week nursing assistant training. (The SEIU originally proposed six weeks of training, says Braconi, but the employers they were working with requested more.) The nursing assistant training takes place at the facility where the student will be working. The facilities pay the students for their time but agree not to use them on the floor, except when they are doing clinical practice supervised by an instructor. The students' caseworkers visit the facilities weekly during training to meet with instructors and students.

Braconi estimates that 25 to 30 percent of the students drop out over the course of the training, but the pass rate on the certification exam is extremely high for those who make it

all the way through — "close to 100 percent by the third try, and 80 to 90 percent on the first try."

She credits the success rate with the fact that only three weeks of training are unpaid, and those who enter into the paid training are guaranteed a job, "probably for life because of the demand," if they complete the training and become certified. "A lot of community college programs are a semester long, and then they still need to go look for a job," she notes. "that's a daunting task for people [on public assistance] who don't have good job search skills."

The Iowa CareGivers Association

After surveying nursing assistants and the licensed nurses who supervise them to determine what kind of education programming was needed for nursing assistants, the Des Moines-based Iowa CareGivers Association (ICA) developed the following:

- Support groups and recognition programs for nursing assistants. A planning committee consisting of long term care consumers, family members, advocates, educators, providers, regulators, and others as well as direct care workers came up with programs to increase community awareness of the importance of the nursing assistant's role. Facilities and community groups held recognition programs, and CNA support groups were set up and facilitated by the local community college.

- CNA mentor training program. A joint effort between a community college, facilities, and the ICA, this two-day program was available to CNAs who met their facilities' criteria and filed an application. Facilities created their own implementation guidelines, with some but not all increasing wages, creating new name badges and titles, and including mentors in care plan meetings. Quarterly CNA Mentor reunion meetings were held to help new mentors solve challenges they faced in their new roles.

- In-service trainings on topics selected by CNAs. These included conflict resolution, Alzheimer's care, communicating with dying residents and their families, and communicating and team-building with coworkers.

Eight facilities received the interventions, while three did not, serving as control groups. Those implementing the programs experienced nearly twice the retention rate of those that did not (19 months versus 10 months.)

Peer Mentoring

The certified nursing assistant peer mentor training program is part of a three-year research project conducted by the Foundation for Long Term Care, the research and education affiliate of the New York Association of Homes and Services for the Aging. Project findings and a training manual for facilities will be disseminated through the Internet, conferences and publications.

The goal of the project is to create an effective, replicable, and sustainable peer-mentoring program for new nursing assistants, based on peer mentoring programs that have shown promise in nursing homes across the country.

The project directors anticipate three outcomes:

- the peer mentoring program will reduce turnover;
- the cost of implementing the project for each facility will be far less than the cost of doing nothing about the retention problem; and
- the train-the-trainer format will allow for nursing homes to sustain the project independently.

Project staff have completed the guide for facility trainers to use to institute the peer mentoring program in the demonstration facilities. It contains theoretical as well as practical information regarding teaching, communication, problem solving, and many other topics. The manual uses a variety of teaching tools including mini-lectures; brainstorming exercises; small group exercises; case discussions; role plays; informational handouts; power point slides; and trainer instructions.

Modules include the following:

- the role of the mentor;
- tools for successful mentoring such as attitude, communication skills and compassion;
- leadership skills; and
- knowledge and tutoring strategies.

The project is funded by a grant from the Fan Fox and Leslie R. Samuels Foundation.

7.17 Training Recommendations

The recommendations below were written for this report by the Paraprofessional Healthcare Institute. In addition to outlining specific content areas to be covered, they describe the educational approach, structural framework and set of relationships needed to prepare nursing assistants to deliver good care to nursing home residents. They are divided into five sections: recommendations for CMS; recommendations for states; recommendations for nursing facilities; course content, testing and training methods recommendations; and recommendations for further study.

The main recommendation to state agencies overseeing long-term care is to pay facilities the full costs of all allowable and required training expenses, abolishing cost limits on Medicaid reimbursement for training.

Of the actions recommended to CMS, the main ones are these:

- Require more than 75 hours of certification training to give students more time to absorb all the material covered in the classroom and to include sufficient clinical training;

- Add "soft skills" training, such as communication, problem solving and cultural sensitivity, to the curriculum requirements; and

- Develop a multi-agency task force at the federal and state levels across DOL, HHS, and DOE to address training issues such as curricula, certification, payment for training and access to public supports.

The primary changes recommended to facilities are as follows:

- Invest in workers for the long term, with incentives such as career ladders and peer mentors or other support systems;

- Ensure that trainers are trained in adult education methods and supervisors are trained in effective supervision techniques; and

- Strengthen connections with community colleges, private schools and other community-based trainers to ensure a smooth transition between the skills and information that are taught in class and those that are needed on the job.

The main recommendations for course content are:

- Teach "soft" skills, as outlined in the recommendations to CMS;

- Teach CNAs about disability and the aging process in general and ensure that they have contact with nursing home residents during training. Encourage them to treat individuals rather than diseases; and

- Incorporate extensive field experience into pre-certification training to prepare students realistically for the demands of the job, and follow up with ongoing training geared to individual CNAs' learning needs.

The main areas recommended for further study are:

- Evaluate provider practices aimed at improving recruitment or retention of nursing assistants, identifying which methods appear to be successful

- Find out what makes nursing assistants leave the field

- Identify effective ways of transferring learning from the classroom to the worksite.

The full text of the recommendations may be found in Appendix E-2.

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